PART B - FEE(S) TRANSMITTAL

DEC 2 0 2004 SE	his form, together with		or <u>Fax</u>	(703) 746-4000	for Patents ginia 22313-1450	
INSTRUCTIONS This for appropriate. All further con indicate than 5's corrected by maintenance fee notification	m should be used for trans respondence including the P below or directed otherwise	mitting the ISSU atent, advance or in Block 1, by (a	E FEE and PUBLI ders and notification) specifying a new	CATION FEE (if req n of maintenance fees correspondence addres	uired). Blocks 1 through 5 s will be mailed to the current s; and/or (b) indicating a sepa	hould be completed where correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONDENC	E ADDRESS (Note: Use Block 1 for a	ny change of address)		Fee(s) Transmittal. T	of mailing can only be used for his certificate cannot be used nal paper, such as an assignmente of mailing or transmission.	for any other accompanying
Michael C Stuart Cohen Pontani Liel 551 Fifth Avenue S New York, NY 101	Suite 1210			I hereby certify that States Postal Service addressed to the M	ertificate of Mailing or Trans this Fee(s) Transmittal is being with sufficient postage for final ail Stop ISSUE FEE address PTO (703) 746-4000, on the	g deposited with the United st class mail in an envelope above, or being facsimile
12/21/2004 CCHAU2 00	000037 10088459			Michael	G. Stuart	(Depositor's name)
01 FC:1501 1400.00 OP 02 FC:8001 9.00 OP				December	16, 2004	(Signature)
APPLICATION NO.	PLICATION NO. FILING DATE		FIRST NAMED INVE	NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/088,459			Mika Viljanma	a	3397-113PUS	3046
TITLE OF INVENTION: C.			j			
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE I	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330)	\$0	\$1330	12/29/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS	7	
SELF, SHELLEY M		3725		100-170000		
Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless	ion (or "Fee Address" Indica or more recent) attached. Use RESIDENCE DATA TO BI an assignee is identified be 37 CFR 3.11. Completion of	tion form of a Customer E PRINTED ON The strength of the stre	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type) a data will appear on the patent. 'If an assignee is identified below, the document has been filed for or a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)			
Metso Paper		· ·	Helsinki,		•	
Please check the appropriate	assignee category or categor	ies (will not be pr	inted on the patent)	Individual 🛭	Corporation or other private gr	oup entity Government
4a. The following fee(s) are enclosed: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies3			4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).			
a. Applicant claims Si	(from status indicated above) MALL ENTITY status. See 3	7 CFR 1.27.		<u> </u>	ALL ENTITY status. See 37 C	
The Director of the USPTO NOTE: The Issue Fee and Printerest as shown by the reco	is requested to apply the Issu ublication Fee (if required) words of the United States Pate	e Fee and Publica ill not be accepted nt and Trademark	tion Fee (if any) or to I from anyone other Office.	o re-apply any previou than the applicant; a re	sly paid issue fee to the applic gistered attorney or agent; or t	ation identified above. he assignee or other party in
Authorized Signature He Coll Wart				Date <u>De</u>	cember 16, 2004	
Typed or printed name <u>Michael C. Stuart</u>			Registration No. 35,698			
Alexandria, Virginia 22313-	1430.				with the public which is to file (and 2 minutes to complete, including comments on the amount of the trademark Office, U.S. Der SS. SEND TO: Commissioner it displays a valid OMB control.	

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